

No. 300  
1-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16901

FILED JUN 15 1948  
Registration District No. 187

Primary Registration District No. 3040

State File No. \_\_\_\_\_  
Registrar's No. 77

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
122 Vine Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Livingston 59  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 122 Vine Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Thomas Edward Berry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31  
year 1948 hour 10 minute 10 A.M.  
21. I hereby certify that I attended the deceased from June 3  
1948 to May 31 1948  
that I last saw him alive on May 17 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Ella Cook 6. (c) Age of husband or wife if  
alive D years  
7. Birth date of deceased January 28 1867  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
81 4 3 hr. min.

9. Birthplace Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name John W. Berry

13. Birthplace Nearborn, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Clarissa Miller

15. Birthplace Clinton County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Berry

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 6-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville, Missouri

18. (a) Signature of funeral director Norman Funeral Home  
(b) Address Chillicothe, Missouri

19. (a) June-1-48 (b) Frances B. Neil  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (e) Means of injury

23. Signature Joseph F. Galt (M. D. or other) H.D.  
Address Chillicothe Mo Date signed 6-1-48

JAN 25 1957

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Eltan S. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.